



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SMMC ANESTHESIA
PO BOX 848419
BOSTON MA 02284-8419

Respondent Name

PUBLIC WC PROGRAM

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-2880-01

MFDR Date Received

APRIL 25, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim was initially billed electronically to Edward Claims Administration on 10/28/2010; we were unaware of this claim being a workers compensation claim until 1/25/11...After speaking with Cindy...on 1/25/2011, she pointed out that the facility records do not match our claims date of service of 10/14/10, so after we reviewed the claim and record, the claim was reversed and rekeyed with the correct date of service of 10/15/10...This claim denied again on 3/10/11 for timely filing, I called Edward Claims Administration and they stated that since they had already received the first claim with date of service 10/14/2010, this was considered a new claim and therefore it denied for timely filing."

Amount in Dispute: \$450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "CPT code 0040 with the modifier QZ, for the date of service listed above, was denied with the ANSI reduction code of 29...The 95 days from the date of service equals 1/18/11. The bill for date of service 10/15/2010 was initially rec'd on 2/11/2011. As such, the bill was untimely filed."

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 15, 2010	CPT Code 00400-QZ	\$450.00	\$ 0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. 28 Texas Administrative Code §133.307, effective May 25, 2008, 33 *Texas Register* 3954, sets out the

procedures for resolving a medical fee dispute.

3. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 *Texas Register* 430, sets out the procedure for healthcare providers submitting medical bills.
4. 28 Texas Administrative Code §134.203 set out the fee guideline for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.

The services in dispute were reduced / denied by the respondent with the following reason codes:

- 29-The time limit for filing has expired.
- 29-Per Rule 133.20(b), except as provided in Labor Code §408.0272(b), (c), or (d), a healthcare provider shall not submit a medical bill later than the 95th day after the date the services are provided
- This request is processed as a New Bill due to the change in date of service from 10/14/10 to 10/15/10. Therefore, this request is subject to timely filing guidelines.

Issues

1. Were the services billed to the carrier timely?
2. Is the Requestor due reimbursement?

Findings

1. Texas Labor Code §408.027(a) states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The Division finds that initial bill for date of service October 14, 2010 was submitted timely to the respondent on October 28, 2010. On January 25, 2011, the requestor was informed by the respondent that the bill listed the incorrect date of service. The requestor corrected and resubmitted the bill on February 3, 2011.

28 Texas Administrative Code §133.20(g) states "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." Therefore, per 28 Texas Administrative Code §133.20(g), the new bill for date of service October 15, 2010 was submitted on February 3, 2011. This date is beyond the 95th day after the date of service. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/21/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please**

include a copy of the ***Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.